

**VETERANS AFFAIRS
APPLICATION FOR PSYCHOLOGY INTERNSHIP**

Application Date:

BACKGROUND

Name:

Social Security Number

Address:

Phone (Home):

Phone (Work):

FAX:

E-Mail Address:

Work Address:

At what phone number can you be reached
on notification day? _____

Are you a U.S. Citizen? Yes No

Are you a veteran? Yes No

EDUCATION

Current University/School:

(circle one)

Program: Clinical Counseling

Degree: Ed.D Ph.D. Psy.D.

University/School Department

University/School Address:

Training Director:

University/School Phone #:

Fax #:

Status of Doctoral Training Program:

____ APA-Accredited

____ APA-Accredited, on probation

____ Not Accredited

Date doctoral coursework completed:
(excluding dissertation hours)

Date comprehensive exam passed:

Anticipated graduation date:

Dissertation/Research Status: Completed Data Collected Proposal Approved
(circle one)

Pre-Approved NA Other

Dissertation/Research Title or Topic:

Past Academic Work

Graduate School or UniversityDegreeDateMajor

Undergraduate College or University

DegreeDateMajor

Please list any honors received:

GOALS/INTERESTS*Please be succinct. You may use a separate sheet of paper if necessary*

1. Please list your short-term and long-term career goals in Psychology:
2. Describe your interpersonal strengths and weaknesses:
3. Describe the clinical strengths you would bring to us:
4. Describe the clinical skill areas in which you feel you lack adequate experience and should emphasize during internship training:
5. In no more than 400 words, please use a separate page to amplify your goals for internship training, answering the question, "How do you view our training program being able to meet your needs and goals for internship training." (This should differ by site and training offered).

TEST ADMINISTRATION FORM

(Indicate all instruments used by you in your assessment experience)

	<u># Administered</u> <u>only</u>	<u># Interpreted</u> <u>only</u>	<u># Reports Written</u> <u>only</u>
Aphasia Language Performance Scale	_____	_____	_____
BASIS	_____	_____	_____
Beck Depression Scale	_____	_____	_____
Bender Gestalt	_____	_____	_____
Benton Facial Recognition	_____	_____	_____
Benton Judgment of Line Orientation	_____	_____	_____
Benton Visual Retention Test	_____	_____	_____
Boston Aphasia Battery	_____	_____	_____
CAI	_____	_____	_____
Category Test (Short or Halstead)	_____	_____	_____
Controlled Oral Word Association Test	_____	_____	_____
CPI-R	_____	_____	_____
Draw-A-Person/H-T-P	_____	_____	_____
Edwards Personal Preference	_____	_____	_____
GATB	_____	_____	_____
Gorham's Proverbs	_____	_____	_____
Halstead-Reitan Neuropsychology	_____	_____	_____
Battery (#BRIEF, #FULL)	_____	_____	_____
Luria Nebraska Neuropsych. Battery	_____	_____	_____
Mattis Dementia Rating Scale	_____	_____	_____
MicroCog (Computer Battery)	_____	_____	_____
Millon Clinical Adolescent Inventory	_____	_____	_____
Millon Clinical Multi-Axial Inventory II	_____	_____	_____
Millon Clinical Multi-Axial Inventory III	_____	_____	_____
Millon Behavioral Health Inventory	_____	_____	_____
MMPI-2 (MMPI)	_____	_____	_____
Myers-Briggs Type Indicator	_____	_____	_____
NEO-PI-R	_____	_____	_____
Personality Assessment Inventory (PAI)	_____	_____	_____
POI	_____	_____	_____
PRF (Personality Research Form-E)	_____	_____	_____
Rey Complex Figure	_____	_____	_____
Rorschach (indicate scoring system used)	_____	_____	_____
Rotter Incomplete Sentences Blank	_____	_____	_____
Strong Interest Inventory	_____	_____	_____
Self-Directed Search (SDS)	_____	_____	_____
Shipley-Institute of Living Scale	_____	_____	_____
16 PF	_____	_____	_____
TAT/CAT	_____	_____	_____
Vocational Card Sorts	_____	_____	_____
(e.g., Missouri, etc.)	_____	_____	_____
WAIS-R	_____	_____	_____
Wechsler Memory Scale (Revised)	_____	_____	_____
Wide Range Achievement Test III	_____	_____	_____
WISC-III	_____	_____	_____
Wisconsin Card Sorting Test	_____	_____	_____
Word Association Test	_____	_____	_____
WPPSI-R	_____	_____	_____
Other, Please list:	_____	_____	_____
	_____	_____	_____

MODIFIED APPIC PRACTICUM DOCUMENTATION FORM¹*
PRACTICUM EXPERIENCE AS OF DECEMBER 1, 1996

1. DIRECT SERVICES

a. Number of actual hours direct intervention with client/patients by format listed below:

	<u>Total # of Hours with</u>	<u># Inpatients seen</u>	<u># Outpatients seen</u>
(1) Individuals	_____	_____	_____
(2) Couples	_____	_____	_____
(3) Families	_____	_____	_____
(4) Groups	_____	_____	_____

b. Number of actual hours in direct assessment of client/patients by format listed below:

(1) Hours of formal psychometric testing	_____
(2) Hours of interview/observation-based assessment	_____

c. Number of actual hours in formal consultation, primary prevention services and/or psychoeducational services rendered _____

Subtotal of Direct Service Hours: _____

2. INDIRECT SERVICES

a. Number of actual hours spent in activities supporting direct intervention (e.g., report writing, consulting with other professionals about specific cases, video/audio tape review, assessment reports): _____

b. Number of actual hours of supervision rendered to other students: _____

Subtotal of Indirect Service Hours: _____

3. SUPERVISION YOU RECEIVED

a. Number of actual hours spent in one-on-one, fact to face supervision: _____

b. Number of hours of group/class/peer supervision and case conference on specific cases: _____

Subtotal of Supervision Hours: _____

(Direct + Indirect + Supervision) = **TOTAL PRACTICUM HOURS** _____

Additional practicum hours anticipated by July 1, 1997 # of Hours _____

***MODIFIED FOR VAA USE (See page 6 for definitions)**

¹ Use separate sheet for other supervised hours, e.g., Summer Internships

APPIC DEFINITION OF TERMS FOR DOCUMENTING PRACTICUM EXPERIENCE

Practicum hour A practicum hour is a clock hour. This may actually be a 50 minute client/ patient hour, but is calculated by actual hours, not quarter hours nor semester hours nor number of hours/week multiplied by number of weeks in the term.

1. Direct Services- These are actual clock hours in direct service to clients/patients. This section is subdivided by:

- 1a) Direct intervention by formal of client(s) (i.e., individuals, couples, families, groups)
- 1b) Assessment activity divided by formal psychometric and interview/observation diagnostic techniques. These hours should not be doublelisted in 1a above.
- 1c) Formal consultation and primary prevention services rendered which includes outreach and psychoeducational activities.

These divisions are meant to be mutually exclusive and hours should not be doubled counted across sections. The sum of all the subdivisions should equal the Subtotal of Direct Service Hours. Time spent about the client/patient but not in the actual presence of the client/patient is recorded as Indirect Services.

2. Indirect Services For students in training the time spent outside the counseling/therapy hour focused on the client/patient is vital learning time. Whether the activity is assessment report writing, process notes or video/audio tape review, the time spent contemplating the client and planning interventions is necessary for a rich learning process.

- 2a) Therefore, we will document the more quantifiable activities of report writing, informal consultation with other professionals on specific cases, video/audio tape review, and assessment scoring and writeups.
- 2b) Supervision is one of the common activities for psychologists regardless of setting. Training in supervision is becoming a more common practicum experience. Therefore we propose counting the hours of supervised supervision rendered by the applicant to less advanced students in the context of teaching supervision skills. Time spent in supervision of supervision should be counted in the supervision section below.

3. Supervision- Supervision is broken into one-to-one and group supervision.

- 3a) Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of dealing with psychological services rendered by the student.
- 3b) The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many excellent practicum courses incorporate both didactic and experiential components in the course activity. While the didactic portion is excellent training, it should not be recorded as supervision activity. This may necessitate breaking the hours spent in practicum course into intervention, supervision and didactic activities by actual clock hours. For example, if I present on the "Psychosocial Issues of HIV Infection" using examples of cases, it is didactic activity. However, if I present a specific case involving HIV infection and generate a case conference/group supervision response, it would be recorded in 3b. Likewise, Grand Rounds that consists of in-service education on specific topics would not be considered supervision for the purposes of documenting practicum hours. These are highly valued activities, but will not count as supervision.

Total Practicum Hours should be the sum of the three subtotals listed in that section. These will be the total practicum completed to December 1 of the year of selection. The form then asks for anticipated hours by the start of internship.

.PROFESSIONAL CONDUCT FORM

Please answer ALL of the following questions

1. Has disciplinary action of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing certification board? _____Yes _____No
2. Have any complaints been filed or are any currently pending against you before any of the above bodies? _____Yes _____No
3. Have you ever had a civil suit brought against you relative to your professional work, or is any such action pending? _____Yes _____No
4. Have you ever been suspended, terminated, or asked to resign by a training program, practicum site, or employer? _____Yes _____No

If you answered "Yes" to any of the above questions, please attach an explanation on a separate sheet of paper.

All of the information submitted by me in this application is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection or dismissal as an intern. I authorize the VAMC Psychology Service to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications. I release from liability all VAMC Psychology Service staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the VAMC Psychology Service in good faith and without malice concerning my professional competence, ethics, character, and other qualifications.

I have read the above carefully and willingly indicate my agreement with my signature:

Applicant's Signature

Date

Applicant's Name Printed

APPIC
Verification of Internship Eligibility and Readiness*

Applicant's Name:

Doctoral Program/Department:

University/School:

Director of Training:

APA/CPA Accreditation: Full____ Provisional____ Probation____ None____

In None or Probation, please explain:

The above-named applicant is a doctoral student in our program and has completed or will complete the item(s) listed below by July 1, 1997.

- | | |
|--|---|
| <p>1. All coursework required for the doctoral degree: Yes____ No____
 Date completed/anticipated:</p> <p>2. Doctoral comprehensive exams: Yes____ No____
 Date completed/anticipated:</p> <p>3. <u>Current</u> status of dissertation.
 <i>(Check only one)</i></p> <p>a. Preproposal _____</p> <p>b. Proposal accepted _____</p> <p>c. Data collected _____</p> <p>d. Dissertation completed _____</p> | <p>4. Dissertation status <u>anticipated</u> by July 1, 1997
 <i>(Check only one)</i></p> <p>a. Preproposal _____</p> <p>b. Proposal accepted _____</p> <p>c. Data collected _____</p> <p>d. Dissertation completed _____</p> |
|--|---|

This applicant possesses the emotional stability and maturity to handle the rigors of the internship experience. S/he possesses the theoretical/academic foundation necessary for effective counseling/clinical work. S/he possesses the skills necessary for translating theory into integrated practice. S/he demonstrates awareness of, and practices according to, the current standards of ethics for professionals. S/he demonstrates the capacity to participate in supervision constructively and can modify his/her behavior in response to feedback:

I verify the above named applicant has completed a total of _____ hours of supervised practicum hours as of December 1, 1996.

The above named applicant is considered eligible and ready for an internship during 1997-98.

Signature of Director of Training

Date

Telephone Number: (_____) _____ - _____

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